Village or City Stevenships.  St.: Ward and life at the stand of street in the street of the street	1 PLACE OF DEATH acuse 15	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 253
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED. OR DIVENCE (Write the word)  6 DATE OF BIRTH  ARC  Willowed.  (Month) (Day) (Year  (Month) (D	Same Parillar	St.: Ward) (If death occurred a hospital or instition, give its NAME
Timble Colad Whower OR DIVENCE (Write the word)  6 DATE OF BIRTH  SEC 24 1569  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 HEREBY CERTIFY. That steeped the decease that I last saw has alwe on any 30 and that death occured on the date stated above, at 1 and that death occured on the date above, at 1 and that death occured on the date above, at 1 and that death occured on the date above, at 1 and that death occured on the date above, at 1 and that death occured on the date above, at 1 and that death occured on the date above, at 1 and that death occured on the date above, at 1 and that death occured on the date above, at 1 and that death occured on the date above, at 1 and that death occured on the date above, at 1 and that death occured on the date above, at 1 and that death occured on	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE  (Month) (Day) (Year)  (Month) (Par) (Year)  (Month) (Day) (Year)  (Month) (Par) (Year)  (Month) (Par) (Year)  (Month) (Day) (Year)  (Month) (Par) (Year)  (Month) (Par) (Year)  (Month) (Par) (Year)  (Month) (Day) (Year)  (Month) (Par) (Month)	Finale Coled WIDOWED. Maried	Sept , 1920
The CAUSE OF DEATH * was as follows:    Contributory   Contributory	6 DATE OF BIRTH Dre. 24 1869	that I last saw here alive on any 30 193
(a) Trade, profession or particular kind of work  (b) General nature of industry Business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  2 A B M COMMAN  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  2 A COMMAN  2 CONTRIBUTORY Secondary  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 PLACE OF BURIAL OR REMOVAL  (Address)  16 PLACE OF BURIAL OR REMOVAL  (Address)  17 SCANCE  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place of death.  (Former or under the part of the BEST OF MY KNOWLEDGE  (Informant)  (Address)  16 PLACE OF BURIAL OR REMOVAL  (Address)  ADDRESS  ADDRESS  ADDRESS	63 yrs. 10 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Durstion)  (Address)  (Address)  (Address)  (Address)  (Address)  (Durstion)  (Address)  (Addr	particular kind of work	alugher Copsul Duration 2 yr 2 mos Contributory as garagelie also cl
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER (State or country)  13 EIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  OF FATHER (State or country)  OF FATHER (State or country)  Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)  At place of death	10 NAME OF John Nikeson	Gigned) Worder Fattleway
ients or Recent Residents)  At place of death yrs mos. ds.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)	OF FATHER (State or country) 2, W. Co. Md.	
(Informant) Harris Tusher  (Address) Stuensville In Church Juris Lot Suppose the suppose that the suppose the suppose the suppose that the suppose the suppose the suppose that the suppose the suppos	of Mother  13 BIRTHPLACE OF MOTHER  10 A D OND	ients or Recent Residents)  At place of deathyrsmosds. Stateyrsmos
address /	(Informant) Harriott Flisher	Former or usual residence.
If more bianks are needed, address State Registrar, 16 W. Saratoka St., Balto., Requesting V. S. No. 1.	15 Filed Self / 100/ F. C. Programmer Registrar	Hough W. Legy Stevensvolle

(Approved by U. S. Census and American Public , Health Association.)

er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-At Home, and children, without more precise specification as Day For persons who have no occupation If the occupation has been changed -Coul mine, etc. not gainfully emalso (b) the Wom-

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal faver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pncumonia, Bronchopneumonia ("Pneumonia,");

inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of ....... (name origin: Cancer' is less definite; avoid use of "Tumo for malignant neoplasms); Meastes; "PUERPERAL septicuemea," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite discussion be ascertained as the cause. Always quality all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Heart failure," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitual nephrilis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee Chronic valvular heart disease; nephrilis, etc. The contributory on The nature of the injury, Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

state OCCUPA.

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Jo

1. PLACE OF DEATH

Length of residence in city or town where death occurred.

Village or City

STATE OF MARYLAND—CERTIFICATE OF DEATH

St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  System of Coay)  1 HEREBY CERTIFY, That I attended deceased from the state of the	death occurred in a hospital or long in U.	S. if of foraign birth?		
If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  Spanning of Death  (Month)  (Oay)  193 (Year)  22.  I HEREBY CERTIFY, That I attended deceased from 193 (Year)  I last saw in alive on September of the date stated abova, at 193 (Year)  I last saw in alive on September of the date stated abova, at 193 (Year)  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of ones.  Other Contributory Causes of importance:  Name of oparation for Successory Was there an autopsy?  What test confirmed diagnosis? Responsible following:  Accident, suicide, or homicide?  Data of injury  Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation ot deceased?  If or specific.	St Ward			
21. DATE OF DEATH  Spate (Month)  (Oay)  (Year)  22. I HEREBY CERTIFY. That I attended deceased from the control of the date stated abova, at the control of the		If nonreside	nt give city or town an	d State
22. I HEREBY CERTIFY, That I attended deceased from 1931, to 1931, to 1931, to 1931, it is sated above, at 1931, it is sated as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onactions of importance:  Other Contributory Causes of importance:  Name of oparation	MEDICA	L CERTIFICAT	E OF DEATH	
193/ (last saw harmonic services of importance)  193/ (last saw harmonic services)  1 last saw harmonic services of importance were as follows:  1 last saw	21. DATE OF DEAT	TH R. P+	/	
1 HEREBY CERTIFY. That I attended deceased from 1931, to		(Manth)		, 193
I last saw in alive on		(month)	( Oay)	(Tear)
I last saw in alive on	22. I HERE	BY CERTII	FY, That I attended	d deceased from
I last saw in alive on	may 1.	193/ to 0	Seft 6.	1943/
to have occurred on the date stated abova, at 130 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of ones.  Other Contributory Causes of importance:  Name of oparation. For Surgional Was there an autopsy?  What test confirmed diagnosis? Malbertary. Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Data of injury., 19.  Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Nature of injury.  24. Was diseasa or injury in any way related to occupation ot deceased?	I last saw IV alive o	, Sept 5.	193/	· death is eai
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of ones.  Other Contributory Causes of importance:  Name of oparation. For Surgional Was there an autopsy?  What test confirmed diagnosis? Calendary Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury 19.  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was diseasa or injury in any way related to occupation ot deceased?				, ucatii 13 301
Name of oparation  What test confirmed diagnosis?  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Data of injury  Where did injury occur?  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  24. Was diseasa or injury in any way related to occupation ot deceased?				
Other Contributory Canses of importance:  Name of oparation For Surgeon Data of Vina 193 What test confirmed diagnosis? Rabordary Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury 19 Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  24. Was diseasa or injury in any way related to occupation ot deceased?		DEATH and related ca	uses of importance	Date of once
Other Contributory Canses of importance:  Name of oparation				
Other Contributory Canses of importance:  Name of oparation	(Mario M	noma. B	000	
Other Contributory Causes of importance:  Name of oparation  What test confirmed diagnosis? Caleratory  What test confirmed diagnosis? Caleratory  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Data of injury  19.  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was diseasa or injury in any way related to occupation ot deceased?	10		Jan on Morron	
Other Contributory Causes of importance:  Name of oparation  What test confirmed diagnosis? Caleratory  What test confirmed diagnosis? Caleratory  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Data of injury  19.  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was diseasa or injury in any way related to occupation ot deceased?	- misseles , rig	Alde. Ge	X 25 0 5	
Name of oparation  Name of oparation  What test confirmed diagnosis: Nateraly  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Opecify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  24. Was diseasa or injury in any way related to occupation ot deceased?	Crobably malign	at.		
Name of oparation For Surgeon Data of Vine 19:  What test confirmed diagnosis: Robertony Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Data of injury 19.  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was diseasa or injury in any way related to occupation ot deceased?	U /			
Name of oparation For Surgeon Data of Vine 19:  What test confirmed diagnosis: Robertony Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Data of injury 19.  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was diseasa or injury in any way related to occupation ot deceased?	Other Centributery Conses of	f importance:		
23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?	Other Countries of	i importance.		
23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?				
23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?				
23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?		.,		
23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?	Name of operation	Ora grossa	7 — Data of	June 193
23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?	What toot confirmed diagnos	Laboratory	Was there as	· · · · · · · · · · ·
Accident, suicide, or homicide?				
Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  .Manner of injury  Nature of injury  24. Was diseasa or injury in any way related to occupation of deceased?	23. If death was due to extern	al causes (VIOL ENCE)	fill In also the following	ng:
(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  .Manner of injury	Accident, suicide, or homicid	e?	Data of injury	, 19
(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  .Manner of injury				
. Manner of injury		(Specify city	or town, county and St	ate)
Nature of injury 24. Was diseasa or injury in any way related to occupation ot deceased?	Specify whether injury occur	rea in INOUSTRY, in F	TOME, OF IN PUBLIC P.	LACE.
Nature of injury 24. Was diseasa or injury in any way related to occupation ot deceased?	***************************************			
Nature of injury 24. Was diseasa or injury in any way related to occupation ot deceased?	. Manner of injury			
24. Was diseasa or injury in any way related to occupation of deceased?				
If an annaifu	The core of mjory			
If so, specify	24. Was diseasa or injury in	any way related to occu	pation of deceased?	
(Signad) W Die Fisleer M.	If so, specify		7	
			fister	

(Address)

(Address) .....

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County Q Q G	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 250
Village or City Banday (No. 2FULL NAME Felly B. Widsus)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Mewith) (Day) (Year)	that I last saw has alive on Light 193.f., 193.f.,
7 AGE   If LESS than   I dayhrs.   ormin.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  (Duration)
10 NAME OF FATHER GIV Saffette	(Signed) CA Witcouff M. D. Son 17931 (Address) Rud Turlly well
OF FATHER  (State or country)  12 Maiden Name	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Forms Whites	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Willied Dickry	it not at place of dea.h?  Former or usual residence
(Address) Boula mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 31
Filed Sept - 19 19231 Mar And a Phille	20 UNDERTAKER & OVA Church Hill
If more banks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed ployed, as household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to e.ch and every Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as At school, or At home. Care should be taken Compositor, Architect, For persons who have no occupation (b) Automobile factory. The materia person, irrespective of Locomotive engineer, (b) Grocery, Day

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

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telanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic Example: Measles (disease etc. valvular heart Nomenclature The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. I

PLACE OF DEATH County Claud Actual Village or City Clauds Hyll 2FULL NAME LAST & Easthu	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 HINGLE.  MARRIED.  WIDOWED.  OR DIVORED (Write the word)	16 DATE OF DEATH AND 192/ (Month) (Day) (Year)
6 DATE OF BIRTH  April 18 , 1859  (Month) (Day) (Year	that I lest saw h walive en Active 1 1929,
7 AGE  7 2 yrs. 5 mos. 9 ds. or min.?	The CAUSE OF DEATH * was as is lows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duretion). yrs. do.
9 BIRTHPLACE (State or country) Peul	(Durstien) yrs mos ds. (Signed) M. D.
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER POPULATION O. V BYON -  18 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents)  At place In the State yrs disease contracted.
(Informant) Filed Sept 28 192   W. H. Gardinant	if not at place of death?  Former or usual residence

If more blanks are needed, addrose State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health laborer, Farm laborer, Laborer—Coal menc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, a.g. Farmer or Planter, Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; "Typhoid fever (never report "Typhoid Pneumonia"; obar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite discase inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., et . . . . . . . . (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY causing death), 29 ds.; Bronchopneumoniu (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Always qualify all of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Frum Ol	CERTIFICATE OF DEATH
	Registration Dist. No. 255
Village or City June 1 (No.	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of streat and number.)
<sup>2</sup> FULL NAME SALLON NO REF	Jumper.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 29, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from  1923 to 1923 t
7 AGE [If LESS than	
78 yrs. mos. 8 ds. or min.	
S OCCUPATION  (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or chyntry)  12 MAIDEN NAME OF MOTHARE (State or chyntry)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Durstion) 2 yrs mos ds.  Contributory Sacondary  (Darstion) yrs, mos ds.  (Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?
(Informant) MANY, S. Shefferd (Address) Culmillim Hadds	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS
If mora bianks are needed, address Stata Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasums,
> "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"(Exhaustion," "Heart range," "Old Age," "Shock," "Old Age," "Admite disear Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	10958 STATE OF MARYLAND CERTIFICATE OF DEATH
Co	ounty Luciu Cauch	159)
	Town I Town	Registration Dist. No.
Villa	ge or City No.	St.; Ward) (If death occurred in a hospital or institu-
	2 FULL NAME Betting heare	Booth Halam stead of street and humber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	Lewale a Color or RACE & SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	Juic 9 1923/, to Seh 4 , 1923/.
	Cuig 9 1931	that I last asw hely alive on Solly le 1923/.
AG	(Month) (Day) (Year)	and that death occurred on the date stated above, at
AG	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
	yrsds. ormin. ?	That Nutrilis
	CUPATION Trade, profession or	Suice Birth
P	rticular kind of work	
bi	) General nature of industry Isiness, or establishment in	(Duration)yrs
	RTHPLACE	Contributory Secondary
	(State or country) Lumame 10 Mg	(Supetion)
	10 NAME OF Clarles Booth	(Signed) (Signed) M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
PARI	12 MAIDEN NAME OF MOTHER Church Fraham	Accidental, Suicidal of Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) tellarles 1300 the	Former or usual residence.
	(Address) Trany Del Del	Jenstevile Jeft 7, 1931
15 F	iled Slft-7 1931 FT M Clads	Eliarles Booth Mary Del,

if more blanks are needed, address State Registrer. 16 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. business, that fact muy be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISELSE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations ployed, as At school or At home. ( are should be taken definite salary). may be entered a. Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealrhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it laborer, Farm laborer, Laborer-Ccal mine, etc. worked on may form par: of the second statement "pinner, (b) Cotton mill: (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter (a) Foreman, (b) Automobile factory. Civil engineer. Stationary premen, etc. tion applies to each and every person, irrespective of capation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation Precise statement of oc etc. Or For many occupations a single word or term on W18.). Park Park 1-94 without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed of persons en The material But in many Grocery; Wom-

Beatement of Lause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epitiente cerebrospinal meningitis"); Diphthera (avoid as, of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the lajury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakuess," etc., when a definite disease rhage," "Inunition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopnoumonia stated unless important. Example: Mensles use of "Tumor" for malignant neoplasms); vulsions." ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberoulosis of lungs, men Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Never report mere symptoms or terminal Chronic valvular heart "Coma." "Con. Meusles; (merely (discase disease; (second-

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PLACE OF DEATH	STATE OF MARYLAND
County Oneles Church 'S	CERTIFICATE OF DEATH
0 '000	Registration Dist. No. 254
Village or City gross ourselle (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Potent Merlon	Horney tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Wilder Wilowsch. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Sym. 15, 1931, (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HERELY CERTIFY, That I attended the deceased from
May 16- 1927	was orough allal it
(Month) (Day) (Year)	that the day of the configuration of the configurat
7 AGE   If LESS than   I day hrs	7.2
4 yrs. 3 mos. 27 ds. or min.	
B OCCUPATION (a) Trade, profession or	buto mobil accident on state
particular kind of work	Road in posonolle
(b) General nature of industry business, or establishment in	fractived Shule marker
which employed or (employer)	Contribation protingling then a 4 ins
9 BIRTHPLACE (State or country) Grasonvelle	gush on vight temple noi de.
10 NAME OF THE STATE AL ALA	(Signed) Theodor Sattringues. D.
11 BIRTHPLACE	(Address) Stevens VIII
(State or country) Grasowelle	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Canes Virginia dua	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Rassyrule	Where was disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Will H. Horney	usual residence
(Address) Grasonville	Grasorille Sept. 17-1931
Filed Sept. 17 1931 Helen M. aldidge Registrat	Tolt. W. Edding Centrerely
If more bianks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1)

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servand, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, causing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ". ('Inanition,'" "Marasmus,'" "Old Age,'" "Shock,'" "Uraemia,'" "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, mcn-American Medical Association.) or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Whooping cough; and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), Chronic valvular heart Always qualify all The contributory not be disease;

If this certificate is looked over thoroughly and all qu stions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	10970 STATE OF MARYLAND
County Milly Units	CERTIFICATE OF DEATH
16 11	Registration Dist. No. 200
Village or City Munful (No. 2FULL NAME MATINAS M. Jef	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTUFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE	16 DATE OF DEATH /// 1921
MARRIED, WIDOMFED OR DIVORCED (White the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Jan 3 1850	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw here alive on fell 2
7 AGE [If LESS than	and that death occurred on the date stated above, at 1,300 m
81 yrs. 7 mgs. 30 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	American .
which employed or (employer)	(Duration) Tree mos de
9 BIRTHPLACE (State or country)	Contributory White pleason of heart
10 NAME OF COLUMN	(Signed) Must Musical M. D.
11 PIDTUPIAGE	9/3 1921 (Address) Mullington Med
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Esta Redstreha	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KMOWLEDGE	Where was disease contracted, if not at place of dea.h?
1 651.01	Former or usual residence
(Informant) Msgn W fyleron	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Crusuplon Ma	Bustof & Pa. Sept. 5, 1.31
Filed Sept 5 181 Am flactor Registras	AMU. Orthi Bon Million
If more blanks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; if nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary, may be entered as Housewije, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on Farm 'laborer, without more precise specification as Day (a) the kind of work and also (b) the (not paid Housekeepers who receive a Laborer-Coal mine, etc., Womnot gainfully em-(b) Grocery,

Strtement of Cause of Death—Name, first, the pissea. Course of Cause of Death—Name, first, the pissea. Courself Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fuer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL peritonitis," etc. "Inanition," "Heart raunt,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Traemia," "Weakness," etc., when a definite disease lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopmeumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nophritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

	PLAIN
. No. 1	B.—WRITE
S <sub>2</sub>	ż

STATE OF MARYLAND—CERTIFICATE OF DEATH 10971		
1. PLACE OF DEATH	920	
County Que Churc	Registration Dist. No. 254	
Village or City M. Ceretra ville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.	
2. FULL NAME allows Glexander of	rlson	
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE OR DIVORCED ("write the word)  Married	21. DATE OF DEATH Supt - 26 - 193 / (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Mary all Whileson	22. I HEREBY CERTIES. That attended deceased from 193/10 148 2 2 193/	
5 DATE OF BIDTH (month day and year) Page 15-1876	Viast saw h M alive on Staff 2 193 death is said	
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. P.m.	
53- 3 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows: Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	700 + 1 0 - +1	
9. Industry or business in which	Milias 18 Jungsolun	
SAW MILL, BANK, etc	The state of the s	
12. BIRTHPLACE (city or town) 2. a. Co. such	Dther Coutributory Causes of Importance:	
(State or country)	-	
13. NAME Sacruel Miles		
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an autopsy?	
16. BIRTHPLACE (city or town) Questor will you	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT Mary aller Vilson  (Address) Centre, with Ind	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, DD REMOVAL	Manner of injury	
Place Centre vill Date 9-29-193/	Nature of Injury	
19. UNDERTAKER (Address) Control of the Colors	24. Was disease or Injury In any way related to occupation of deceased?	
20, FILED Sept 27, 10-31 Helen M. aldida	If so, specify  (Signed)  (Signed)  M. D.	
If more blanks are needed, address State Resistrar	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	BURBAU V	3 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	13 O 15 28 75 2	July 5, 1927	Peritonitis	3 days ago	
	- 1				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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RITE PLAIN I,	on should be carefull	ISE OF DEATH in pl	N is very important.
-WRITE PLAIN	nation should be carefull	CAUSE OF DEATH in pl	IION is very important.
N. BWRITE PLAIN, WITH CNFADING INK-THIS IS A PERMANENT R. DR. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. FHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

10972

1. PLACE	OF DEAT	ГН		-		
County Queen Anne					Registration Dist. No. 252	
Village or City nr. Ventreville			rille	(lí	No. St., St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward mber)
Length of re	esidence in ci	ty or town where d	eeth occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL N	AME S	tillborn	Infant M	Miles		
(a) Resid	ence: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town and St	late
PERSO	NAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)					21. DATE OF DEATH  (Month) Sept. 15,	193,31
5a. If merried, wid	owed, or divo	rced			(month) = (bay)	(1ear)
HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, Thet I attended de	ceased from
					19, to	
6. DATE OF BIRTI				1	1 last saw h alive on, 19;	death is said
7. AGE Y	'ears	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 2:30 An.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
		TILLBORN		ormin. were es follows:		Date of onset
kind of SAWYI 9. Industry of work y	r business in vas done, as S	es SPINNER, PER, etc which ILK MILL.	• • • • • • • • • • • • • • • • • • • •		Stillbirth	
this oc	SAW MILL, BANK, etc		Dther Coutributory Causes of importance:			
12. BIRTHPLACE ( (State or ex	(city or town). ountry)	Queer	-Anne Co	) <b>•</b>	Site of the state	
13. NAME	P	rank Mile	es	•		
13. NAME 14. BIRTHPLA (State	CE (city or to	wn) Md.			Neme of operation Dete of What test confirmed diegnosis? Wes there an eut	
15. MAIDEN	NAME 1	intte Mall	fra 77 cm			opsy?
15. MAIDEN NAME Hattie McMullen  16. BIRTHPLACE (city or town)  (Stete or country)  Md.					23. If deeth was due to externel ceuses (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did Injury occur?	
17. INFORMANT Frank Miles (Address) Centreville			3		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E,
18, BURIAL, CREMATION, OR REMOVAL					Manner of Injury	
Place			Date9-	1.5 19. <b>31</b>	Neture of injury	
19. UNDERTAKER HObt. W. Eddins (Address) Centreville, Md.			ns le Md		24. Was disease or Injury In any way releted to occupation of deceased?	
20. FILED 9-15-31 , 19 Kobt. E. Eddins. Dept.			E. Eddir		(Signed) (1007 / RATIN Dep.	L.R.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECEIVED 19/5/31 BUREAU.V.S.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importances	Way1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLA

N. B.

PLACE OF DEATH  County Tue Tunn	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25-/
Village or City Church Stell (No.	St.: Ward)  (If death occurred in a hospitel or institution, give its NAME in etced of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED, MIDOWED, MIDOWED, MIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH  JEL J., 1840	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h an alive on Affile 192
7 AGE    If LESS the   I day he   I day he	rs. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  Perfect (State or country)  Manyland	(Durstion) Zyrs mos ds.  (Contributory Secondary (Durstion) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D.  192/ (Address) A Later M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many MCCosh  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Balterror & Filed Sept 17 192 / W. H. Good	20 UNDERTAKER

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, first line will be sufficient, e. g., Farmer or Planter or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Form laborer, Laborerwithout more precise specification as Doy (b) Automobile factory. The materia -Coal minc, etc. Womnot gainfully em-(b) Grocery The quescngineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death taken. For violent deaths state means of injury Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) affection need cough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE

TION

### STATE OF MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) wedower 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of \_\_\_\_, 19\_\_\_\_\_ to\_\_\_\_\_ 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, at ..... Days 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. kind of work done, as SPINNER. 0 SAWYER, BOOKKEEPER, etc., 9. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? accidental. Date of Injury 9/12 16. BIRTHPLACE (city or town) Trasonalle, mid (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT

(Address) 18. BURIAL, CREMATION, DR REMOVAL

19. UNDERTAKER (Address)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I  The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	The state of the s	81915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	RITE	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	A second	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of	of importance:		Other contributory causes of importance:	4,50	
Gallstones	•	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

\$ .

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OF THE	HIS	be	pe	1
MARGIN RESERVED I	V. B.—WRITE PLAIN, WIT. NFADING INK-THIS I	pluc	CAUSE OF DEATH in plain terms, so that it may be p	
国 国	NK	sho	it	,
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. S. No. 1	B.			
2/2	-	1	-	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10975			
County 2, a.	Registration Dist. No. 252			
Village or City Ruths burg				
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign blrth?wrsmosds.			
2. FULL NAME Christofsher ife	etz			
(a) Residence: No(Usual place of abode)	St., Ward.			
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH			
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 21. 193			
5a. If married, widowed, or divorced	(Month) (Day) (Year)			
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY That I attended deceased from			
41	, 19 , to , 19 71 , 19 71			
6. DATE OF BIRTH (month, day, and year) + 10 / 6 / 5 4  7. AGE Years Months Days / If LESS than	I las saw h alive on			
I dayhrs.	to have occurred on the date stated above, at			
7 6 /6 or min.	were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ohma Vama diring			
9. Industry or business in which	of the hand.			
work wes done, as SILK MILL, SAW MILL, BANK, etc				
10. Dato deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (city or town) Hamany	Other Contributory Causes of importance:			
(State or country)	William & Jellenson			
13. NAME Dorch- / Creare no Record				
14. BIRTHPLACE (city or town)	Name of operation Date of			
(State or country)	What test confirmed diagnosis? Was there en autopsy?			
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
O   16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19			
(State or country)	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT Murs Sadie Emory (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place Bureus Farm Date 9-4-,1931	Nature of injury			
19. UNDERTAKER Robt - W. Edding. (Address) Cutre ville suit.	24. Was disease or injury In any wey related to occupation of deceased?			
20. FILED Seft 3, 1931 Poft. He Effice. Registrar.	(Signed) M. D. (Address)			
If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		·		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1 PLACE OF DEATH	10970 STATE OF MARYLAND CERTIFICATE OF DEATH
County Lucia Church	Registration Dist. No. 255
Village or City Toud bown (No	St.: Ward)  If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULÁRS	16 DATE OF DEATH
SEX Junule Color or RACE 5 SINGLE, MARRIED, WIDOWED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
B DATE OF BIRTH	anc, 20 1923/10 Left 2 1923/1.
Dic, 19 ,956	that I last law h SY alive on - July 2 , 1923/.
(Month) (Day) (Year)	and that death occurred on the date stated above, at D. C., m.
Jyre	The CAUSE OF DEATH & was as follows:
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  DIRTHPLACE  (State or country)	Contributory Secondary  (Duration)
10 NAME OF George Filler	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Beaus of Injury: and (2) whether Accidental, Suicidal or Honleidal.
of Mother Cume Choth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Feorge Liller	Former or usual residence
Filed Dy 9 1931 77 M Sleets	John Juch Sekt 3, 1931.
18 mans blanks are readed address State Decisions	18 W Savetage St. Balto Requesting V S Vo. 1

# CERTIFICATE OF DEATH

(Approved by U. S. (cassus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (reor given up on account of the DISELSE CAUSING PEATH, ployed, as At school or At home. Care should be taken on at home, who are engaged in the duties of the wlaterer, write None. tir d 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from House moid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons endefinite salary), may be entered a. Housessife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially lu industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques capation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on or 41 Home, and children, not gainfully em--Coal mine, etc. Wom-The material

Exacement of Cause of Death—Name, first, the pissaase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "Form respinal fever (the only definite synonym is "Epicenic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; Powened by carbolic acid—probably suicide. The na-"Purperal septionemia," Purperal poritonitis," "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure." "Haemorcausing death), 29 ds.; Bronchopncumonia (second-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. ...... (name origin; "Cancer" is less definite; avoid inges, perilonasum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURI "Debllity" ("Congenital," "Senile," etc.), cough; Chronic valvulur heart disease; (Recommendations on state-Struck by railway Always qualify all The contributory (disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Luce Change	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Julling for The (No.	Registration Dist. No.  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instance of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 F HEREBY CERTIFY, That I attended the deceased from
Sept 21, 1931  (Month) (Day) (Year)	that I last saw h remains on Sight 2/ 1921.
AGE Still Birth If LESS than I dayhrs.  yrs	The CAUSE OF DEATH of was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) Lune Country	Contributory A Trouble Gestlation. Secondary  (Duration) G. L. VIII
10 NAME OF FATHER SCOTE HARLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)  M.D.  Signed  M.D.  Signed  M.D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
18 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)  At place in the of death yrs mos da.  Where was disease contracted,
(Informant) The REST OF MY KNOWLEDGE  (Address) Julllingtow and	if not at place of death?  Former or usual residence
Filed left-93, 37 # In State Registrar	Leone Hallace Tullington
more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S No. L

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the oce pations of persons en business, that fact may be indicated thus: Farmer (re or given up on account of the DISEASE CAUSING BEATH gaged in domestic service for wages, as Screent, Cook, ployed, as A: school or At home. (are should be taken definite salary), may household only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager," "Dealadditional line is provided for the latter statement; if nature of the business or industry, and therefore an wl siever, write None. Housemaid, etc. work. or At Home, laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) gary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation- Precise statement of oc Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs.). who are engaged in the For persons who have no occupation If the occupation has been changed and children, not gainfully embe entered a. Housewife, House -Coal mine, etc. Womduties of the in many

Statement of Cause of Death—Name, first, the precise causing exart (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidenic exceptespinal meningitis"); Diphtheria (avoid us. of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bromchopneumonia ("Theumonia,"

Nomenciature of the American Medical Association.) ment of cause of death approved by Committee on head quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicuemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes..." etc., when a definite disease rhage," "Inanition." "Marnsmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatie), "Atrophy," "Collapse," conditions. ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopnoumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonasum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck vulsions." Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men takeu. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; ..... (name origin; "Cancer" is less definite; avoid of "contributory." -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," (Recommendations on state-Example: Measles "Anaemia" "Coma," by railway Measles; (second-(merely (disease "Con-

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